

**New Hampshire Department of Health and Human Services
Substance Use Disorder Treatment and Recovery Support Services
RFA-2019-BDAS-01-SUBST**



**OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFA-2019-BDAS-01-SUBST**

No.	Question	Answer
1.	RFA Section 3.1 Application Content, Subparts 3.1.5 and 3.1.6. Are you requiring us to provide copies of our confidentiality procedures and training policies and procedures for confidentiality practices or do you require a narrative description of what the policies and procedures are for each of these subparts? Or do you want both copies of procedures/documents and a narrative description for each subpart?	Applicants must provide copies of the actual policies and procedures along with a copy of the consent forms used.
2.	RFA Section 3.1 Application Content Subpart 3.1.7. Please clarify that you want a copy of the actual license for licensed positions and not just the current license number.	A copy of the actual license
3.	In particular, as one of the only entities in NH providing high-intensity residential services for pregnant and parenting Women with infants and children how do we respond to a regional request for applications?	Applications should be submitted only for those regions where services are actually being delivered, not for where clients are coming from or agency headquarters are located.
4.	Do we base our responses to the RFA by region based on where services are delivered or where a client originates from?	Where the services are delivered.
5.	Were regional funding levels determined by where a client originated from or where treatment was delivered?	Where a client originated from.
6.	Was Safe Station utilization included to determine the regional breakdown of funding?	Clients receiving services paid for under the BDAS treatment and recovery support services contract were counted.
7.	Will there be a separate RFP for crisis call line services and/or RAPS?	Any procurements that the Department may publish would be found at the following link: https://www.dhhs.nh.gov/business/rfp/index.htm
8.	Why is there only room and board for Transitional Living services? a) Are clinical services provided to Transitional Living services clients no longer included in an "all inclusive" rate? b) Can we provide outpatient services to Transitional Living clients, and bill for said outpatient services and the room and board fee for Transitional Living clients?	Clinical services have been "unbundled" and may be charged to the client's insurer or to the contract if the client does not have coverage. Room and board may be billed under the resulting contract in accordance with Appendix B, Exhibit B.
9.	Can you confirm that you only want one copy of the audited financial statements?	Yes.

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10.	RFA Section 3.1.2. Can we request more than the available funding indicated in the region, assuming additional funds may be made available through the allocation and scoring process described in the RFA?	Yes. However you are not guaranteed to receive funds above the limit per region.
11.	RFA Section 3.1.2, do you want us to breakout the funding request by modality/ service, or just provide one total dollar amount?	One total dollar amount that would reflect all the service types and volume you would anticipate providing
12.	If we intend to subcontract services, should we attach MOUs related to that?	No. See Appendix B, Exhibit C, Section 19, and Addendum #2. Section 3.1.16.
13.	How does this RFA's total available funding amount compare to the previous RFP for total available funding amount?	The funding available for this RFA reflects the available funding for treatment and recovery support services contracts for FY19. it is an expectation that this contract is the payer of last resort following insurance and Medicaid billing.
14.	Appendix B, Exhibit A Section 2.6.3.2 Are all the priority populations listed in WITS for tracking wait times for these populations?	The Department is working to make the necessary changes in WITS to track these priority populations. In the unlikely event that these are not completed in time, the Department will provide an alternative tracking tool for this purpose.
15.	Appendix B, Exhibit A Sections 2.7.1 and 2.7.1.1. Can we refer individuals to certified enrollers within the community or is this a service that the funded agency must provide directly?	See Addendum #2.
16.	Appendix B, Exhibit A, Section 2.9.1.4.3. If tobacco use happens in the building (residential facility) which is against policies and procedures and a significant safety risk, can we discharge?	Yes, discharges may be made due to the danger posed to staff and clients, not the for tobacco use per se.

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17.	Appendix B, Exhibit A-1, Section 2.1.3. All records or just DHHS/BDAS funded client records?	Records for DHHS/BDAS funded clients.
18.	a) Appendix B Exhibit B Sections 5.4. and 5.5. Do both of these apply to residential programs? b) Appendix B Exhibit B Section 5.5. If someone is in a 28 day program, they will have received all free services prior to the 30 days listed in this section which means we won't get paid at all.	a) Yes. b) This RFA does not include time driven 28-day programs,
19.	Appendix B, Exhibit B, Sections 10, 10.1.1, 10.1.2. These sections do not specify that this is only for pregnant women and/or with children. Does it apply to all populations served?	Transportation and childcare apply only to pregnant and parenting women.
20.	General Question Is it possible and/or encouraged for two agencies to collaborate to write one RFA? If yes: <ul style="list-style-type: none"> Do you want financials for both agencies that is required in the RFA or just the lead? References for both agencies or just lead? Resumes, licenses, certifications for both or just lead? Same question for all sections – both agencies or just lead? 	Yes. See Addendum #2 Section 2.17. Only the Organization submitting the application is required to submit the required documentation in RFA Section 3.1.
21.	Appendix E Allocation of funding by public Health Region. Where is the information that defines the towns that are included in the "Upper Valley" health region?	Please check website for a list of towns https://nhphn.org/who-we-are/public-health-networks/
22.	RFA Section 1.1.1.1 requires providing services to age 12 or older, age 12 & under with parent/guardian consent. Our agency serves adults 18 and older. Do we need to note the age limit (adults vs children) on Appendix "Exceptions to Terms and Conditions"?	Yes. Complete Appendix A Exceptions to Terms and Conditions.
23.	RFA Section 1.3.1. Refers to billing Medicaid/Medicare and other third party insurers first. Are uninsured clients included in this group?	If a client is eligible for Medicaid/Medicare, a Vendor must assist them in applying for those services. If they are not eligible for Medicaid/Medicare and do not have any other form of insurance,

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		then they may be eligible for services under a contract resulting from this RFA. The Vendor must assist uninsured clients in applying for insurance.
24.	<p>RFA Section 3.1.9:</p> <p>a) Current Certificate of Insurance – What is being requested here?</p> <p>b) What type of insurance (general liability, professional, health)?</p>	<p>a) Applicants must provide a copy of their certificate of insurance liability.</p> <p>b) See Appendix B, Agreement (Form Number P-37) Section 14 Insurance.</p>
25.	<p>RFA Section 3.1 Application Content: There is no format or question for a budget to support the requested funding. Page 3 Section 1.2.1 lists the range of substance use disorder services but there does not appear to be a clear way to document the link between those services and related expenses in order to justify the request.</p>	<p>See RFA Sections 1.3 esq. and 3.1.2. This contract is paid on a fee for service basis.</p> <p>Applicants may determine the total amount of the request by the number of units of service to be delivered times the per unit contract rate in Exhibit B-1.</p>
26.	<p>RFA Section 1.3.4 Available Funding</p> <p>a) Are Max funding limitations identified in Appendix E – Allocation of Funding based on population size or level of need?</p> <p>RFA Section 1.3.5 Funding Distribution.</p> <p>b) If a contracted residential provider located in one region serves a significant portion of clients in alternate regions, is that contracted provider eligible to request funds from those other regions to support those clients?</p> <p>c) If denied funds requested from those alternate regions, will the contracted provider be allowed to only accept clients from regions that fund the individual client; relieving the requirements outlined in RFA Section 1.1.3.</p>	<p>a) The funding amounts in Exhibit E are based on level of need.</p> <p>b) Providers should complete applications only for those areas where services are actually being delivered.</p> <p>c) Contractors are required to serve all clients, regardless of where they reside and regardless of what region the contractor is delivering services in.</p>
27.	<p>RFA Section 1.1.1 Selected vendors will provide services to individuals who are age 12 and older.</p> <p>If an organization treats adults and is not physically capable of housing adolescents and adults at the same location does this become an exception on Appendix A which cautions that “by taking any exception responders may be materially deviating from the RFA specifications, its proposal may be rejected”.</p>	<p>It may be allowable for an agency to serve only adults or only adolescents if they are able to demonstrate lack of capacity to serve both populations. An applicant shall complete Appendix A.</p>

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28.	<p>Appendix B, Exhibit A Section 6.1.1. National Outcome Measures (NOMs) data in WITS.</p> <p>For organizations with their own Electronic Medical Record (EMR), can this data be captured in this EMR and be made readily accessible to the Bureau of Drug and Alcohol Services when requested?</p>	<p>Please see Appendix B, Exhibit A Section 9.2</p>
29.	<p>I did not see a reference to a letter of intent which, in the past, has often been a requirement. Is there no such letter required for this RFA?</p>	<p>A letter of intent is not required for this RFA.</p>
30.	<p>RFA Sections 1.2.1.1 and 1.2.1.10.</p> <p>a) Does the limitation re: billing recovery support services apply only to programs associated with this RFA?</p> <p>b) If a respondent is billing for recovery support services in connection with other programs or services, will its capacity to bill be limited by this solicitation and potentially resulting contract?</p>	<p>a) Yes b) Yes</p> <p>See Appendix B, Exhibit A Section 2.4 Recovery Support Services and Exhibit B</p>
31.	<p>RFA Section 2.4.5</p> <p>Is the respondent responsible to have conducted an organizational self-assessment for cultural competency prior to submission of an application under this solicitation or can the respondent set out a plan to complete the self-assessment?</p>	<p>Please see RFA Sections 2.4.1 and 2.4.2, and complete Appendix C.</p>
32.	<p>Who is the procurement coordinator for this RFA?</p>	<p>Please see RFA, Section 3.2.2 (page 19).</p>